

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/517592

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2		/				
3		/				
4		3				
5		5				
6		6				
7		7				
8		8				
9		9				
10		10				
11		11				
12		12				
13		13				
14		14				
15		15				
16		16				
17		17				
18		18				
19		19				
20		20				
21		21				
22		22				
23		23				
24		24				
25		25				
26		26				
27		27				
28		/				
29		/				
30		/				
31		/				
32		/				
33		/				
34		/				
35		/				
36		/				
37		/				
38		/				
39		/				
40		/				
41		/				
42		42				
43		43				
44		44				
45		45				
46		46				
47		47				
48		/				
49		/				
50		/				
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		/				
52		/				
53		/				
54		/				
55		/				
56		/				
57		/				
58		58				
59		59				
60		60				
61		61				
62		62				
63			/			
64				/		
65				/		
66				/		
67				/		
68				/		
69				/		
70				/		
71				/		
72				/		
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82				/		
83				/		
84				/		
85				/		
86				/		
87				/		
88				/		
89				/		
90				/		
91				/		
92				/		
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.		↓	/	↓		↓
TOTAL DEP.		←	29	←		←
TOTAL CLAIMS			30			